

RECORD OF EXPENSES FOR TRAVEL REIMBURSEMENT		CONTACT			
		EXTENSION		DATE	
NOTE: For Transportation entirely by auto, fill out reverse ONLY.		HOUR (AM/PM)	DATE	COST	TIP ^c
1. <input type="checkbox"/> Private auto <input type="checkbox"/> Taxi TO <input type="checkbox"/> Limo Terminal <input type="checkbox"/> Airport <input type="checkbox"/> Station Odometer reading _____ / _____					
2. Limousine to airport:					
3. Left station or airport: _____, _____ (City/State)					
_____ (Flight or Train No.)				a b	
4. Arr. station or airport: _____, _____ (City/State)					
5. <input type="checkbox"/> Taxi <input type="checkbox"/> Limo <input type="checkbox"/> Other (specify)					
<input type="checkbox"/> Hotel TO <input type="checkbox"/> Place of Duty					
6. Registration Fee				a	
7. Hotel/Motel - (Complete SECTION B ON REVERSE)					
8. Lodgings (AT NO EXPENSE) _____ (Dates)					
9. Miscellaneous Expenses (Complete SECTION D ON REVERSE)					
10. OFFICIAL DUTY ENDED (City/State) ^c _____, _____					
11. <input type="checkbox"/> Taxi <input type="checkbox"/> Limo <input type="checkbox"/> Other (specify) _____ TO _____					
<input type="checkbox"/> Station <input type="checkbox"/> Airport					
12. Left station or airport: _____, _____ (City/State)					
_____ (Flight or Train No.)				a b	
13. Arr. station or airport: _____, _____ (City/State)					
14. Limo from airport to limo terminal		AR:			
15. <input type="checkbox"/> Private auto <input type="checkbox"/> Taxi FROM Limo terminal TO residence/office Odometer reading _____ / _____		AR:			
16. <input type="checkbox"/> Private auto <input type="checkbox"/> Taxi FROM station or airport TO residence/office Odometer reading _____ / _____		AR:			

NOTE: Indicate time of departure from and arrival at home, office or other point (items 1, 15/16)

- a. Must furnish receipts or ticket stubs for any amount paid in cash.
- b. Claim cost only when transportation requests not available.
- c. A maximum of 15% allowed for tips. Applicable to *both* Civil Service and Commissioned Officers.

SIGNATURE OF TRAVELER	DATE
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* Complete pertinent information on additional form(s) for each additional temporary duty station and attach.

A. ENTIRE TRAVEL BY PRIVATE AUTO OR GOVERNMENT AUTO		HOUR (AM/PM)	DATE	COST
1. Travel performed by <input type="checkbox"/> Private auto or <input type="checkbox"/> Government Auto				
2. Left: _____, (City/State)				
3. Arrived: _____, (City/State)				
4. Registration Fee (Attach Receipt)				
5. Hotel/Motel (COMPLETE SECTION B Below).				
6. Lodgings (AT NO EXPENSE): _____ (Dates)				
7. Miscellaneous Expenses (COMPLETE SECTION D Below).				
8. Official Duty Ended (CITY/STATE) _____,				
9. Left: _____, (City/State)				
10. Arrived: _____, (City/State)				

B. HOTEL/MOTEL EXPENDITURES ^a For special rate areas, ATTACH RECEIPTS.			C. MEAL EXPENDITURES ^a For Special rate areas ONLY.						
DATES		RATE	DATE	BREAKFAST	TIP	LUNCH	TIP	DINNER	TIP
From	To								

D. MISCELLANEOUS TRAVEL EXPENDITURES		
DATE	DESCRIPTION	AMOUNT

^a The Travel Expenses Amendments Action of 1975 for Civil Service employees authorized a "special area" rate which represents maximums based on actual and necessary (A/N) expenses. The traveler must itemize costs spent daily (e.g., lodging, meals and all other items allowable as subsistence expenses), and provide receipts for lodging and registration fees. The reimbursement for meals per day shall not exceed 40% of the prescribed maximum (not including tips).